



IEHP UM Subcommittee Approved Authorization Guideline			
<b>Guideline</b>	Bone Marrow/ Hematopoietic Stem Cell Transplantation in the Treatment of Multiple Sclerosis	<b>Guideline #</b>	UM NEU 01
		<b>Original Effective Date</b>	01/26/2008
<b>Section</b>	Neurology	<b>Revision Date</b>	12/19/2025
		<b>Committee Approval Date</b>	12/22/2025
		<b>Effective Date</b>	1/1/2026

## COVERAGE POLICY

Bone Marrow/ Hematopoietic Stem Cell Transplantation in the treatment of Multiple Sclerosis (MS) is considered experimental and investigational, and therefore not covered.

## CLINICAL/REGULATORY RESOURCE

### **Medicare:**

There is no National Coverage Determination (NCD), Local Coverage Determination (LCD), or Local Coverage Article (LCA) for Bone Marrow/ Stem Cell Transplantation as a treatment in Multiple Sclerosis (MS). This procedure is also not mentioned as a treatment in MS in the Medicare Benefit Policy Manual.

### **Medi-Cal:**

There are no guidelines, policies, or All Plan Letters (APLs) concerning this procedure as a treatment in MS.

### **Millimum Care Guidelines (MCG):**

There is a guideline that mentions Autologous Hematopoietic Stem Cell Transplant may be indicated in the case of individuals with Immunoglobulin light chain amyloidosis and MS refractory to treatment, or with MS of the Relapsing-Remitting Type. However, this criterion pertains to inpatient admission and is not for the procedure itself.

### **Apollo Medical Review Criteria Guidelines for Managing Care:**

Bone Marrow/ Stem Cell Transplantation with cells from bone marrow or cord blood is considered experimental and investigational in the treatment of autoimmune disease. Additionally, and more specifically, stem cell transplantation and identification and subsequent treatment of chronic cerebrospinal venous insufficiency in patients with multiple sclerosis is considered experimental, investigational and/ or unproven.

### **Aetna:**

Hematopoietic Stem Cell Transplantation (autologous or allogeneic) is considered experimental and investigational in multiple sclerosis.

### **American Society for Transplantation and Cellular Therapy (ASTCT):**

Based on the available evidence, the ASTCT (formerly known as the American Society for Blood and Marrow Transplantation) recommends that treatment-refractory relapsing MS with

high risk of future disability be considered a “standard of care, clinical evidence available” indication for autologous hematopoietic cell transplantation (AHCT).

## REFERENCES

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2. Apollo Medical Review Criteria Guidelines for Managing Care, 24<sup>th</sup> edition, 12<sup>th</sup> online edition, 2025. HO 105 Stem Cell Transplantation; Bone Marrow or Cord Blood. NEU 151 Multiple Sclerosis (MS). Accessed December 19, 2025.
3. Apollo Medical Review Criteria Guidelines for Managing Care, 13<sup>th</sup> edition, 12<sup>th</sup> online edition, 2025. PAC26-040 Multiple Sclerosis (MS). Accessed December 19, 2025.
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5. Majhail, Navneet S, Stephanie H Farnia, Paul A Carpenter, Richard E Champlin, Stephen Crawford, David I Marks, James L Omel, Paul J Orchard, Jeanne Palmer, Wael Saber, Bipin N Savani, Paul A Veys, Christopher N Bredeson, MD, MSc, Sergio A Giralt, Charles F LeMaistre. 2015. Indications for Autologous and Allogeneic Hematopoietic Cell Transplantation: Guidelines from the American Society for Blood and Marrow Transplantation, *Biol Blood Marrow Transplant* 21(11): 1863-1869.  
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7. Medicare National Coverage Determination (NCD). Stem Cell Transplantation 110.23.  
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